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GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
RESEARCH TRIANGLE PARK, NC 27709-3398				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/530,810 04/08/2005		<del></del>	Matthew Lee Brown		PU4807USW	7741	
TITLE OF INVENTION:	·		<del></del>				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400	\$300	\$0	\$1700	12/18/2006	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	j			
KOSACK, JOSEPH R		1626	514-227800				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or a 2 registered patent attorney	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 John L. Lemanowicz  2 Jennifer L. Fox			
			THE PATENT (print or ty				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SmithKline Beecham Corporation Philadelphia, PA							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:  15 Issue Fee  16 Publication Fee (No small entity discount permitted)  17 Advance Order - # of Copies 4 (Four)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1372 (enclose an extra copy of this form).				
5. Change in Entity State	· ·	*					
	SMALL ENTITY statu		• •	•	ENTITY status. See 37 C		
interest as shown by the re	ords of the United Sta	es Patent and Trademark	Office.		- I agont, or ti	he assignee or other party in	
Authorized Signature	Jar C	un	m	Date 12/	14/06		
Typed or printed name			سے	Registration No			
Alexandria, Virginia 2231	3-1430.				e public which is to file (an- inutes to complete, includir iments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner splays a valid OMB control	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	